DOCUMENT RESUME

ED 344 367 EC 301 093

AUTHOR Smith-Davis, Judy; Littlejohn, William R.
TITLE Related Services for School-Aged Children with Disabilities.
INSTITUTION Interstate Research Associates, Inc., Washington, D.C.; National Information Center for Children and Youth with Disabilities, Washington, DC.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE 91
CONTRACT H030A00002
NOTE 25p.
AVAILABLE FROM Interstate Research Associates, NICHCY, P.O. Box 1492, Washington, DC 20013-1492 (single copy free).
PUB TYPE Collected Works - Serials (022) -- Guides - Non-Classroom Use (055)
JOURNAL CIT NICHCY News Digest; v1 n2 1991

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Assistive Devices (for Disabled); Audiology; Counseling Services; *Delivery Systems; *Disabilities; Educational Finance; Educational Legislation; Elementary Secondary Education; Federal Legislation; Health Services; Medical Services; Occupational Therapy; Physical Therapy; Psychological Services; *Pupil Personnel Services; School Districts; Social Services; Transportation
IDENTIFIERS *Individuals with Disabilities Education Act; Rehabilitation Act 1973 (Section 504)

ABSTRACT

This theme issue provides an overview of related services for school aged children with disabilities as required by federal law, especially the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973. It identifies the personnel associated with delivering various services including audiology, occupational therapy, physical therapy, psychological services, medical services, school health services, transportation, counseling, speech language pathology, social work, parent counseling and training, recreation therapy, assistive technology devices and services, artistic/cultural therapies, and the school breakfast and lunch program. It discusses how related services are typically obtained for students, as well as how school districts deliver, coordinate, and fund related services. Also examined are personnel shortages in such areas as physical and occupational therapy, psychology, counseling, social work, and speech/language pathology. Recent court cases, due process hearings, and the specifics of federal law are noted. School districts are encouraged to write complete Individualized Education Programs, to work with parents to develop services, to improve coordination of services, and to take constructive community actions. Includes 50 references, a bibliography of 46 items, and a listing of 30 organizations or other national information resources. (DB)

ED344367

Related Services for School-Aged Children with Disabilities

Volume I, Number 2, 1991

NICHCY
News Digest

National Information Center for Children and Youth with Disabilities
Washington, DC

The Individuals with Disabilities Education Act (IDEA) mandates that "all children with disabilities have available to them...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs..." (Section 601[c]). In accordance with the IDEA and other federal laws, more than 4.5 million children with disabilities across the nation received special education and/or related services in the 1989-90 school year.

This issue of NEWS DIGEST focuses upon the provision of related services to school-aged children with disabilities. As defined by federal law, related services are intended to address the individual needs of students with disabilities, in order that they may benefit from their educational program. Occupational and physical therapy, school health services, and special transportation assistance are just some examples of related services that can help eligible students with disabilities participate more fully and successfully in the learning process.

This NEWS DIGEST provides an overview of the related services enumerated in federal law, with a focus upon those services provided to school-aged children with disabilities. The personnel associated with delivering each service are identified, and their major duties are described. Readers are also given an overview of how related services are typically obtained for students, as well as how school districts deliver, coordinate, and fund the related services they provide. Also discussed is one serious problem confronting school districts, namely a shortage of personnel to deliver related services needed by students. Recent court cases, due process hearings, and the specifics of federal law are mentioned throughout this NEWS DIGEST, where relevant, to help readers understand the nature of — and limits to — school districts' responsibilities to provide related services. A list of readings, organizations, and other sources of further information concludes this issue.

EC 301093

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Several important federal laws have been passed in recent years to address the rights and educational needs of children and youth with disabilities. One such law, passed in 1975, is **The Education of All Handicapped Children Act**, otherwise known as **EHA** or Public Law (P.L.) 94-142. Recently reauthorized and renamed the **Individuals with Disabilities Education Act**, or **IDEA** (P.L. 101-476), this law mandates that special education and related service programming be made available to all children and youth with disabilities who require them. The law also makes available federal funds to help state and local governments establish and maintain special education programs for students with disabilities, as well as provide the related services these students need in order to benefit from special education.

But what *are* related services? The IDEA defines "related services" as:

> ...transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation and social work services, and medical and counseling services, including rehabilitation counseling, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education. [20 U.S.C. Chapter 33, Section 1401(17), 1991]

Although the IDEA has become law, at the time of this writing regulations for the Act have only been issued in proposed form. Final regulations, written to correspond to the changes made to the EHA by the IDEA, will be published after an extensive public comment and review period. Until the final regulations are available to guide implementation of the IDEA, the regulations of its predecessor, the EHA, are being used by school districts to determine how and to whom related services will be delivered. The regulations of the EHA (P.L. 94-142) list thirteen related services that students with disabilities may require to benefit from their special education programs. These are:

- audiology;
- occupational therapy;
- physical therapy;
- psychological services;
- medical services for diagnostic or evaluation purposes only;
- school health services;
- transportation services;
- counseling services;
- speech-language pathology;
- social work services;
- parent counseling and training;
- recreation therapy; and
- early identification and assessment of disabilities in children. [34 *Code of Federal Regulations* (CFR) Section 300.13 (b)(1)-(13), 1988].

Clearly, the regulations define a wide variety of services that must be provided to children and youth with disabilities identified as needing such services to maximize the benefits of their special education. However, the law also states that this long list of services is *not* exhaustive and may include other developmental, corrective,

BEST COPY AVAILABLE

or support services "as may be required to assist a child with a disability to benefit from special education" *[The Individuals with Disabilities Education Act,* 20 U.S.C. Chapter 33, Section 1401(17)]. It is through this provision in the law that many school districts are providing students with disabilities with assistive technology devices and services. Furthermore, as states respond to the requirements of federal law, many have legislated their own related service requirements, which may include services beyond those specified in federal law. For example, some states also include mobility training, dance therapy, and artistic and cultural programs as related services that should be provided as necessary to help a student with a disability benefit from his or her special education program.

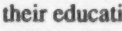
Because states are required to provide the related services that are necessary for each individual student with a disability to benefit from his or her special education, related services can be quite unique. An example of this exists in the 1981 case of *Espino v. Besteiro.* As a result of an automobile accident, the student in question could no longer function in a classroom that was not temperature-controlled. Initially, the school system met this student's need by providing him with a portable cubicle that was air conditioned. However, the court ruled that, in order for the student to benefit from special education, air conditioning qualified as a related service and ordered the school system to air condition the entire classroom. The cubicle was not satisfactory, because it did not permit the child to fully interact with the teacher and his classmates (Esterson & Bluth, 1987).

Although related services can be quite expensive, school districts may not charge families of students with disabilities for the cost of the services. Just as special and regular education must be provided to a student with a disability at no cost to the parent or guardian, so, too, must related services. As a result of federal law, it is the state's responsibility to provide a *free*, appropriate public education to all students with disabilities, and that includes any related services necessary to ensure they benefit from their education.

Under the IDEA, P.L. 101-476, the student must be enrolled in special education to be considered eligible for related services. However, there is another federal law — **the Rehabilitation Act of 1973** (P.L. 93-112) — that, in many cases, broadens a student's eligibility for related services. The implications of this law will be discussed later in this ***NEWS DIGEST*** (see the section entitled "Related Services under Section 504" on page 8). First, however, let us take a look at examples of related services and who is typically responsible for providing each one.

What Are Some Examples of Related Services and Who Provides Them?

Perhaps the best way to develop an understanding of what related services are is to take a look at the types of personnel who are involved in the delivery of services and what responsibilities each of these people typically has in the process. Given the range and diversity of disabilities, this list is quite lengthy. Therefore, the information presented about each related service is intended only as an introduction to that service and the personnel associated with its delivery. It is not the intent of this document, just as it is not the intent of the law, to exhaustively describe each related service. Many variations in service delivery are possible. Readers are encouraged to make use of the resources listed at the end of this ***NEWS DIGEST*** to find out more about the related services of relevance to them. (Early identification and assessment of disabilities in children is not discussed in this ***NEWS DIGEST***, because it falls outside of this document's focus on related services for school-aged children.) It is important to read about all the services and personnel in order to know what related services are most commonly provided to students with disabilities and their families.



Audiology Services are generally provided by audiologists who screen, assess, and identify children with hearing loss. Additionally, they:

- determine the range, nature, and degree of the hearing loss;
- make referrals for medical or other professional attention for the habilitation of hearing;
- provide language habilitation, auditory training, speech reading (lip reading), speech conservation, and other programs;
- determine the child's need for group or individual amplification, select and fit an appropriate hearing aid, and evaluate the effectiveness of amplication.

Many school systems do not have the diagnostic facilities necessary to assess the extent of a student's hearing loss, and so they refer students in need to a clinical setting, such as a hospital. Based on the results of the hearing assessment, related services are then provided by school-based audiologists or, in school systems that do not employ audiologists, by other professionals such as speech pathologists or educators (Friedrich, 1987).

Occupational Therapy is provided by therapists who concentrate upon assessing and treating children with disabilities that impair their daily life functioning. Areas of daily life functioning upon which an occupational therapist might focus are:

- activities of daily living, such as eating and dressing;
- school and work skills, such as writing, using scissors, managing books and papers, and sitting effectively in class; and
- play/leisure skills, such as participating in art or physical education class or playing with children at recess.

Photograph courtesy of The American Occupational Therapy Association, Inc.

When occupational therapy is provided as a related service, it is meant to enhance a student's ability to function in an educational program. By focusing upon the skills of daily living, occupational therapists can often help individual students to function in the least restrictive environment. Generally, occupational therapists:

- provide treatment to strengthen and develop fine motor functions;
- focus on treatment of the small muscles, primarily those of the face, upper trunk, arms, and hands; and
- improve the student's ability to perform tasks necessary for independent functioning, such as chewing, swallowing, placement of the tongue and mouth for speech formation, eye-hand coordination, and manual dexterity.

☆ ☆

Physical Therapy is provided to a child or youth with a disability following referral from a physician and, in some states, from school nurses, teachers, occupational therapists, and other professionals. Physical therapists:

- provide treatment to increase muscle strength, mobility, and endurance;
- focus on gross motor skills that rely on the large muscles of the body involved in physical movement and range of motion;
- help to improve the student's posture, gait, and body awareness; and
- monitor the function, fit, and proper use of mobility aids and devices.

In relation to special education, physical therapists are primarily concerned with developing and enhancing the physical potential of students with disabilities, so that they can achieve maximum independence and function in all their educational activities (S. Esterson, 1987).

☆ ☆

Psychological Services are also delivered as a related service when necessary to help students with disabilities benefit from their education. Often, the potential need of a child with a disability for psychological services is raised during an Individualized Education Program (IEP) meeting of teachers, school personnel, and parents. Members of the IEP team may have noticed that a student has become withdrawn and that his or her grades have dropped. Or parents may be concerned that their child is reading far below his grade level and want to know if he has a learning disability. School psychologists, then, become responsible for delivering psychological services. Some of their primary duties are to:

- administer and interpret psychological and educational tests and other assessment procedures to determine if, indeed, the student has a disability;
- obtain, integrate, and interpret information about a student's behavior and conditions for learning. Sources of information may include observations of the student and interviews with teachers, parents, and the student;
- consult with school staff and assist in planning an educational program to meet a student's special needs, as indicated by psychological tests, interviews, and evaluations of behavior; and
- plan and manage programs to provide psychological services, including counseling for students and parents.

It is important to know that, by law, no single assessment procedure can be used as "the sole criterion for determining an appropriate educational program for a child" *(Code of Federal Regulations [CFR]: Title 34: Education: Part 300.532*, 1988). The anticipated regulations for the IDEA are not expected to change this approach to student assessment. One of the school psychologist's most challenging duties, then, is to gather information about the student from a variety of sources and interpret that information, so that an educational program appropriate to the needs of the student can be developed.

☆ ☆

Medical Services are considered a related service only under specific conditions. By definition, medical services:

- are provided by a licensed physician to diagnose a child's disability, determine the need for special education, and determine the type and extent of related services that may be needed; and
- are permitted for diagnostic reasons, but do *not* include direct, ongoing medical treatment by a physician.

Just how far does a school system's legal requirement to provide medically-related services go? This has become quite an area of controversy as schools enroll and place students with severe and often life-threatening disabilities. Do the constant medical needs of these students qualify as supportive services a school is obligated to provide or as ongoing medical treatment, which is specifically excluded as a related service?

"The more medically sophisticated the decisions about how to treat the child, the more (the medical) service is excluded and the school's obligation disappears."

Decisions can only be made on a case by case, student by student basis. However, the trend emerging from recent court cases appears to be:

- If the supportive service must be performed by a licensed physician and is not for the purpose of evaluation or diagnosis, the school is not obligated to provide it.
- If the service can be provided by a lay person, such as the teacher, with minimal training, the school must provide it.
- When the service requires some degree of medical insight, such as what to do when an emergency arises, then court decisions can go either way. "The more medically sophisticated the decisions about how to treat the child, the more that service is excluded and the school's obligation disappears" (McKee & Barbe, 1990, p. 199).

☆ ☆

School Health Services are necessary, because many children and youth with disabilities would be unable to attend a day of school without supportive health care. Health services are typically provided by a qualified school nurse or a specifically trained nonmedical person who is supervised by a qualified nurse. Some of the health services that school nurses or other qualified personnel provide to students with disabilities include:

- special feedings
- clean intermittent catheterization
- suctioning
- administering medications
- planning for the safety of a student in school, and
- ensuring that care is given in the classroom to prevent injury (e.g., changing a student's position frequently to prevent pressure sores) (Black & Dorsett, 1987).

A joint task force of members and staff of four associations — the American Federation of Teachers, the Council for Exceptional Children, the National Association of School Nurses, Inc., and the National Education Association — recently released detailed guidelines to help administrators, health care providers, and educators provide health services to children with special health care needs (The Joint Task Force for the Management of Children with Special Health Needs, 1990). The guidelines list "66 special health care procedures that some children may need to have provided in educational settings," as well as "the persons qualified to perform each of the procedures, who should preferably perform the procedures, and the circumstances under which these persons would be deemed qualified" (p. 9).

The same controversy that is coming to light about medical services is surfacing in regard to school health services. How far does the school's obligation to provide these services go? In the case of *Bevin H. v. Wright* (1987), the court decided that the school district was not responsible for providing a nurse to monitor Bevin's condition and assist her because of the intensive nature of her need. Other courts had found that schools *were* responsible for providing nursing care, but the students involved in those cases only required intermittent nursing care that could be provided by the school nurse, leaving the nurse free to care for other students. The "private duty" service that Bevin required distinguished her case from others previously heard. Thus, the court stated that placing the burden of the services Bevin required "on the school district in the guise of 'related services' does not appear to be consistent with the spirit of the Act and the regulations" (*Bevin H. v. Wright, 1987-88 Education of the Handicapped Law Report* [*EHLR*] DEC. 559:122, as cited in "Related Services: Daily Nursing Care", 1987, p. 3).

☆ ☆

Transportation Services are provided to those students who need special assistance because of their disability or the location of the school relative to their home. Not all students with disabilities are eligible to receive specialized transportation services. Many are able to use the same transportation that students without disabilities use to get to school. However, for those who need special assistance, the school district must:

- provide travel to and from school and between schools;
- provide travel in and around school buildings; and
- provide specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with disabilities.

Most school systems have written guidelines to help make decisions about transportation services consistent from student to student. To be in compliance with the IDEA, a school district cannot require the families of students with disabilities to assume any portion of the costs of those transportation services deemed necessary to permit the students to benefit from their education.

☆ ☆

Counseling Services are typically provided by school counselors who work with students to develop their career awareness, to improve their understanding of self, and to improve their behavioral adjustment and control skills. This, in turn, makes students with disabilities better able to participate in their educational program. In many schools, the counselor may also perform the functions of school psychologists (described above under *Psychological Services*). Additionally, school counselors may:

- identify and refer students who may be eligible for special education;

- secure parental permission for referrals;
- provide advice concerning a student's level of functioning, affective needs, and appropriateness of the IEP;
- provide student guidance and counseling in keeping with the IEP; and
- provide supportive counseling for parents.

☆ ☆

Speech-Language Pathology is a service provided by speech-language pathologists to address the needs of children and youth with communication disabilities, such as stuttering and impairments in speech, language, or voice. Typically, speech-language pathologists:

- screen, identify, assess, and diagnose disorders of fluency, language, articulation, voice, and oral-pharyngeal function, and cognitive/communication disorders;
- provide speech and language services for the habilitation or prevention of communication disorders, including augmentative and alternative communication systems; and
- refer the student for medical or other professional attention necessary for the habilitation of speech or language disorders.

It should be noted that a student with a speech or language impairment does not necessarily have to be manifesting academic problems in order to be considered eligible to receive related services under the IDEA. Effective oral communication is regarded as a skill basic to academic performance (Applestein, 1987).

☆ ☆

Social Work Services are provided in order to address the whole welfare of the student with a disability - his or her life at home, in school, and in the community. Historically, social workers have been used in schools as early as 1913. The need for their services arose from "recognition of the need to consider factors beyond the schools that may be affecting a child's educational performance" (Tabb, 1987, p. 113). Problems at home or in the community can adversely affect a student's performance at school, as can a student's attitudes or behaviors in school. Social work services may become necessary in order to help the student maximize benefit from the educational program.

In today's society, qualified school social workers have completed a two-year master's degree program in social work and generally have field experience obtained through placement in a public or private facility, where they worked under supervision. Their duties within schools typically include:

- preparing a social or developmental history of a student with a disability;
- providing group or individual counseling to the student and family;
- working with the problems in a student's living situation (home, school, and community) that are affecting the student's adjustment in school; and
- mobilizing school and community resources to enable the student to benefit from his or her educational program.

To develop an insightful social or developmental history of a student with a disability requires the school social worker to interact with both the student and the family. This allows the social worker to assess how family dynamics and the home environment are influencing the student's learning and behavior patterns. This information is useful for determining the student's educational placement and program, and also serves as a check against inappropriate labeling of a student because of test scores and school behavior. Through interactions with the family, the social worker may identify cultural or language differences that need to be taken into consideration as well (Tabb, 1987).

"Social Work Services are provided in order to address the whole welfare of the student with a disability - his or her life at home, in school, and in the community."

☆ ☆

Parent Counseling and Training is an important related service, because it addresses the needs of the parents and the vital role they play in the lives of their children. The family is the "most powerful agent of change in the life of a child" (Blumberg, 1987, p. 70). The parents of a child or youth with a disability may have great need for counseling and training in order to understand their child's disability and how it may affect development. When necessary to help the child or youth with a disability benefit from the educational program, school counselors can:

- assist parents in understanding the special needs of their child;
- provide parents with information about child development; and
- provide parents with referrals to parent support groups, financial assistance resources, and professionals outside the school system.

☆ ☆

Recreation Therapy is included as a related service, because all children, with or without disabilities, need to learn how to use their leisure and recreation time constructively. For those students with disabilities who are judged to require recreation therapy in order to benefit from special education, the therapy can serve to improve socialization skills, as well as eye-hand coordination and physical, cognitive, or language development. In the case of children with severe disabilities, "recreation activities are necessary for the purpose of initiating greater pride and independence" (M.M. Esterson, 1987,

p. 99). To this end, recreation therapists:

- assess the student's leisure capacities and functions;
- provide therapy to remediate functional difficulties that limit involvement in leisure activities;
- provide leisure education for learning the skills, knowledge, and attitudes related to leisure involvement; and
- help the student to participate in recreation, based on the student's need for assistance and/or adapted recreation equipment.

"Consideration of a child's need for assistive technology must occur on a case-by-case basis in connection with the development of a child's . . . IEP."

☆ ☆

Assistive Technology Devices and Services are not specifically listed in the law as a related service but are often provided as "other corrective or support services" necessary to help students with disabilities benefit from their education. The provision of assistive technology devices and services has changed over the years as technology has been developed and applied to the needs of individuals with disabilities. The EHA (P.L. 94-142) mentions that providing "related aids and services" may be necessary to help a student maximize the benefits of his or her educational program. The early interpretation of what qualified as a permissible related aid was controversial. "Generally, equipment such as glasses, wheelchairs, and hearing aids have been considered to be outside of the school districts' responsibility because these were individually prescribed and were used at home as well as during school" ("Districts Must Provide", 1990, p. 76).

As assistive technology has boomed, however, the scope of this related service has expanded. In 1988, Congress passed the **Technology-Related Assistance for Individuals with Disabilities Act** (P.L. 100-407), recognizing the enormous contribution that assistive technology can make to the lives of individuals with disabilities. The Office of Special Education Programs (OSEP) has issued a policy ruling stating that "consideration of a child's need for assistive technology must occur on a case-by-case basis in connection with the development of a child's individualized education program (IEP)" (Goodman, 16 *EHLR* 1317, OSEP 1990). The OSEP policy letter goes on to say that "assistive technology can be a form of supplementary aid or service utilized to facilitate a child's education in a regular educational environment. Such supplementary aids and services, or modifications to the regular education program, must be included in a child's IEP." Thus, when an IEP of a student with a disability is being developed or reviewed, the school district must assess his or her need for an assistive technology device, determine those devices that will facilitate the student's education, list them in the IEP, and then provide them to the student.

This policy letter, coupled with the passage of the Technology-Related Assistance for Individuals with Disabilities Act of 1988 and the IDEA, is expected to dramatically affect the level of district responsibility for providing related aids, devices, and technology-related services to students with disabilities.

The IDEA defines an assistive technology device as:

> ...any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. [20 U.S.C. Chapter 33, Section 1401(25)]

The number of assistive technology devices in use across the United States is lengthy, and the list is growing longer by the day. A few examples of such devices are: electronic communication aids, devices that enlarge printed words on a computer screen, speech synthesizers, prosthetic devices, braille writers, and keyboards adapted for fist or foot use.

As more assistive technology devices become available to address the special needs of students with disabilities, districts are confronted with multiple challenges in that they must: (a) identify and acquire technology devices appropriate to the needs of their students with disabilities; (b) train staff in the use of the devices; (c) identify appropriate use of computers, communication devices, and other technology in the classroom; and (d) finance the cost of this related service. Additionally, districts must provide "assistive technology services" to eligible students with disabilities. Assistive technology services are defined by the IDEA as "...any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device" [20 U.S.C. Chapter 33, Section 1401(26)]. Thus, school districts are also responsible for helping individuals with disabilities to select and acquire an appropriate assistive technology device and train them in its use.

Fortunately, for parents and professionals alike, there are a number of organizations that provide information on the latest developments in assistive technology devices. Some are listed in the resources section of this ***NEWS DIGEST***. Another useful resource is ***NICHCY's News Digest*** on *Assistive Technology* (1989), available free of charge from NICHCY.

☆ ☆

Artistic/Cultural Therapies are specifically mentioned in federal regulations as other "supportive services" and include "artistic and cultural programs, and art, music, and dance therapy, if they are required to assist a handicapped child to benefit from special education"(34 CFR Part 300.13, *Comment*, 1988).

Dance therapy, for example, can develop and promote "good posture, discipline, concentration, coordination, agility, speed, balance, strength, and endurance"(Salyers, 1983). Art therapy provides individuals with disabilities with a means of self-expression and opportunities to expand personal creativity and control. Music therapy is used to foster similar personal growth. Its therapeutic aims are the restoration, maintenance, and improvement of mental and physical health (National Association for Music Therapy, 1988). This type of therapy can affect changes in behavior, social skills, perception, self-esteem, and physical mobility and skills.

Artistic and cultural therapies are designed by art therapists, dance therapists, and music therapists to address the individual needs of students with disabilities. These professionals:

- assess the functioning of individual students;
- design programs appropriate to the needs and abilities of students;
- provide services in which movement or an art form is used in a therapeutic process to further the child's emotional, physical, and/or cognitive development or integration; and
- often act as resource persons for classroom teachers.

☆ ☆

School Breakfast and Lunch Program is not a related service specifically listed in the IDEA. The program is discussed in this ***NEWS DIGEST*** because of its importance to those students with disabilities who have special nutritional requirements. Because many students with disabilities *do* have unique nutritional needs, they are unable to participate in the national meal program unless these meals are modified.

Photograph courtesy of The American Occupational Therapy Association, Inc.

School meal programs are administered at the federal level by the United States Department of Agriculture (USDA). USDA reimburses schools for every meal served, at rates that vary according to family income. Children may receive meals free or at a reduced price if their families meet specific income criteria.

Under USDA's Section 504 and child nutrition regulations, schools participating in federal school meal programs are required to make a reasonable effort to provide, *at no extra charge*, special meals to students whose diets are restricted due to their disabilities [7 CFR Section 15b.26(d)(1)].

In order to be eligible for modified meals, a student must present a statement signed by a physician. The statement should include: (a) the disability of the student and how the disability affects the student's diet; (b) the major life activity affected by the disability; and (c) the food(s) to be omitted from the student's diet and those that may be substituted [7 CFR Section 210.10(i)(1) and 7 CFR Section 220.8(f)]. Adjustments to meals may include changing the texture of food, modifying the calories, and substituting different foods for those listed on the school menu (Horsley, 1988).

In a recent floor statement, Senator Bob Dole of Kansas, Senate Republican Leader, expressed concern about the participation in school meal programs by students whose disabilities restrict their diets. Federal regulations, Senator Dole said, "put the burden on parents to request special meals. Yet many parents, school administrators, and teachers do not know these regulations exist" (Dole, 1991).

Thus, parents need to be aware that they are responsible for: (a) requesting modification of their child's meals, if appropriate; and (b) providing the school system with a doctor's statement certifying their child's disability and describing the child's special dietary needs. If officials at the school are not familiar with these regulations, parents should contact their State school food service director, who is usually employed by the State education agency. If parents have further questions or problems, they can contact the Child Nutrition Division of the Food and Nutrition Service of USDA at 3101 Park Center Drive, Alexandria, Virginia 22302 or call (703) 305-2620.

To address the special nutritional needs of students with disabilities, Senator Dole also recommended the following:

- greater coordination between teachers, school food service personnel, and children's health care providers;
- more training of school staff in the area of nutrition and meal modification;
- greater dissemination of the many excellent manuals on special nutrition already available; and

- greater attention to nutritional needs in the development of individual education programs (IEPs). (Dole, 1991)

Because the IEP serves as a communication tool between service providers, parents, and the student with a disability, stating nutrition goals and objectives in the IEP, when appropriate, "will facilitate instruction on dietary needs and compliance" (Horsley, Allen, & White, 1991, p. 56).

Related Services under Section 504

Under the IDEA, a student must be enrolled in special education to be considered eligible for related services. However, as was mentioned in the first section of this ***NEWS DIGEST***, there is another federal law, Section 504 of the **Rehabilitation Act of 1973** (P.L. 93-112), which in many cases broadens a student's eligibility for related services.

The Office for Civil Rights (OCR) is responsible for overseeing compliance with the Section 504 regulations. In order to ensure that the discussion in this section is as accurate as possible, NICHCY asked OCR to examine in detail all information presented here in regards to Section 504. In accordance with OCR's review, then, the following discussion cites extensively from the Section 504 regulations, the basis from which OCR oversees compliance with the law and from which school districts, at times, must make decisions in regards to the eligibility of students to receive related services.

According to Section 504 of the Act, State Education Agencies (SEAs) and Local Education Agencies (LEAs) receiving Federal funds cannot exclude qualified individuals with disabilities from participation in or the benefits of any program or activity offered by the SEA or LEA. Regulations of the Act also specify that a recipient of Federal financial assistance operating a public elementary or secondary education program must provide a free, appropriate public education to each "qualified handicapped person" within its jurisdiction.

"Section 504 does not require a student to be enrolled in special education in order to receive related services."

The Section 504 regulation defines a "handicapped person" as follows:

> (1) "Handicapped persons" means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities; (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment...
> (2)(ii) "Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. [34 *Code of Federal Regulations* (CFR) Section 104.3(j), 1988]

Under the Section 504 regulation:

> "Qualified handicapped person" means: ...[w]ith respect to ... elementary [and] secondary ... education services, a handicapped person (i) of an age during which non-handicapped persons are provided such services, (ii) of any age during which it is mandatory under state law to provide such services to handicapped persons, or (iii) to whom a state is required to provide a free appropriate public education under Section 612 of the Education of the Handicapped Act. [34 CFR Section 104.3(k)(2), 1988]

The free appropriate public education must meet the individual needs of students who are "qualified handicapped persons" as adequately as the needs of students without disabilities are met. Such an education, according to the Section 504 regulation, can consist of either regular *or* special education and must include any related aids or services necessary to provide a free appropriate public education designed to meet the individual student's needs. The law also requires that recipients of Federal funds operating public elementary or secondary education programs evaluate any person who needs or is believed to need special education *or* related services because of disability. *Thus, Section 504 does not require a student to be enrolled in special education in order to receive related services.*

The fact that the IDEA and Section 504 of the Rehabilitation Act define eligibility for, and entitlement to, related services in different ways can complicate how a school district decides if a student is eligible for and/or must be provided with services or not. School districts can fulfill the requirements of certain sections of the Section 504 regulation by complying with the EHA (now IDEA) (Daniels, 1988).[1]

[1]A school district can satisfy the Section 504 regulation's "free appropriate public education" requirement by implementing an IEP developed in accordance with the EHA [34 CFR Section 104.35(b)(2)]. Establishing a procedure consistent with the EHA for periodically reevaluating students who have been provided with special education and related services is one way of complying with the Section 504 regulation's periodic reevaluation requirement [34 CFR Section 104.35(d)]. A school district can comply with the Section 504 regulation's procedural safeguards requirement by complying with Section 615 of the EHA (34 CFR Section 104.36).

However, it is possible for a school district to be in violation of the Section 504 regulation while still being in compliance with the IDEA. This can happen when a school district denies services to an individual who has a disability not specified under the IDEA but who is considered "handicapped" under Section 504. For example, there are school districts that have failed to administer medication to students with Attention Deficit Disorder (ADD), because ADD is not listed as a handicapping condition under the IDEA. However, such students may be entitled to have the school district administer medication as a related service under Section 504, if the student meets the Section 504 definition of "handicapped person."

An individualized evaluation would need to be made by a multidisciplinary team to determine whether the student is "handicapped" within the meaning of Section 504; that is, whether the student has an impairment which substantially limits one or more major life activities (e.g., learning). Once it is determined that a student is handicapped within the meaning of Section 504 and meets other applicable eligibility requirements (such as age requirements), public elementary or secondary education programs receiving Federal financial assistance are required by Section 504 to provide a free appropriate public education to that student, without regard to the nature or severity of the individual's disability. The free appropriate public education must include any related aids or services, such as administering medication, that are necessary to meet the individual student's needs.

Because the definition of disability is broader under Section 504 of the Rehabilitation Act than under the IDEA, many parents whose children are ineligible for related services under the IDEA are filing complaints with OCR, alleging that denial of related services denied their children a free appropriate public education. It should be noted that when OCR investigates a complaint, it does so solely on the basis of compliance with the rules and regulations of Section 504. OCR does not make findings of a school district's compliance or noncompliance with the IDEA (Daniels, 1988). In addition, an OCR investigation focuses primarily on the process used to identify, evaluate, and place students with disabilities, rather than on whether the program ultimately chosen by the district was appropriate. As the Appendix to the Section 504 regulation states:

> It is not the intention of [OCR], except in extraordinary circumstances, to review the result of individual placement and other educational decisions, so long as the school district complies with the "process" requirements of this subpart (concerning identification and location, evaluation, and due process procedures). However, [OCR] will place a high priority on investigating cases which may involve exclusion of a child from the education system or a pattern or practice of discriminatory placements or education.

An example of a pattern or practice of discriminatory placements or education is a school district's refusal to provide related services to any students who are ineligible for such services under the IDEA, even if those students are "qualified handicapped persons" under the Section 504 regulation.

Recent investigations have resulted in OCR rulings that individuals who have disabilities not specified in the IDEA are often eligible for related services under Section 504. In addition to ADD, other examples that may be handicapping conditions under Section 504 are: alcohol and drug addiction (although, under 1990 amendments to the Rehabilitation Act, a student who is currently using alcohol or illegal drugs is no longer protected by Section 504 when the school district acts on the basis of such use); communicable diseases such as AIDS, and obesity (Cernosia,

Notice From the Office of Civil Rights:
Applicability of Section 504 of the Rehabilitation Act of 1973
to Homeless and Drug-Exposed Children

The Office of Civil Rights (OCR) is concerned about two widespread national problems that may seriously affect our schools. One is the predicament of children whose families are homeless. The other is the plight of children who are born to mothers who have been exposed to drugs. Children who are handicapped in these groups are covered under Section 504 of the Rehabilitation Act of 1973.

Under the Section 504 implementing regulation, recipients of Federal aid operating public elementary or secondary education programs must annually undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education. Annually the school system must also take appropriate steps to notify handicapped persons and their parents or guardians of its duty under the Section 504 regulation to provide a free appropriate public education to each qualified handicapped person in its jurisdiction.

Because of its importance, OCR included identification of homeless and drug-exposed student populations for special education and related services as one of the priority educational equity issues in the FY 1991 National Enforcement Strategy. OCR has planned compliance and technical assistance outreach activities in this area during the current fiscal year. Persons needing additional information or technical assistance are urged to contact any of OCR's ten regional offices.

1991; "Georgia Challenges", 1990). Consistent with these rulings, school districts must determine whether the educational needs of students with such disabilities are being met to the extent that the needs of students without disabilities are met (Daniels, 1988, p. 3).

The IDEA and Section 504 differ in another, important aspect besides their definitions of "disability." The IDEA:

> ...is a federal grant program, authorizing federal funds to states to assist them in the provision of special education and related services to "eligible" students. Section 504 is a civil rights statute, prohibiting discrimination on the basis of handicap. ("Georgia Challenges", 1990, p. 208)

Therefore, although school districts must comply with the regulations of Section 504 if they want to retain Federal financial assistance, they do not receive Federal funds to pay for services provided to students with disabilities under Section 504.

Parents and professionals who are interested in more information about how Section 504 regulations affect the provision of related services should contact any of OCR's regional offices. If you need assistance identifying the regional office nearest you, please contact NICHCY.

How Are Related Services Obtained for Students?

Usually, the need for related services is identified during the process of evaluating a student for special education. Because far-reaching decisions are made based upon the evaluation of a student with a suspected disability, it is useful to know that both the IDEA and Section 504 of the Rehabilitation Act state that decisions about the educational program of a student may not be based solely on the findings of a single evaluation instrument. Rather, data must come from a variety of sources, including "aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior" [34 CFR Section 104.35(c), 1988]. Furthermore, data must be collected in all areas related to the student's suspected disability. This may include, where appropriate, "health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities" (Arena, 1989, p. 23). Federal law also requires that the evaluation must be conducted by a multidisciplinary team, including at least one teacher who is knowledgeable in the area of the suspected disability.

The extensive nature of the evaluation process should provide decision-makers with the information they need to determine an appropriate educational program for the student. It also allows them to identify the related services a student will need. At this point, decision-makers — including the parents and, where appropriate, the student — sit down and write an Individualized Education Program (IEP) for the student. The IEP details the educational goals and objectives for the student and lists the related services that are necessary to help the student attain those goals and objectives. It is useful to note that related services personnel are not required to participate in the IEP meeting. However, it is appropriate for them to participate or otherwise take part in IEP development. The written findings and recommendations of related services personnel should become part of the child's evaluation report.

"The IEP...is formulated as a team effort, *based on what the child needs* - not what the school district (local educational agency) can provide" (Arena, 1989, p. 15). Thus, the related services needed by the student *must* be listed in the IEP, regardless of whether the district currently makes the services available. The IEP establishes the genuine need to be met and must describe related services according to:

- the service(s) needed (e.g., occupational therapy)
- the type of service (e.g., direct service to the child; consulting services to teachers or others)
- the type of service provider(s) (e.g., occupational therapist)
- the frequency and duration of the service (e.g., two 45-minute periods per week).

"The IEP details the educational goals and objectives for the student and lists the related services that are necessary to help the student attain those goals and objectives."

The IEP then serves as a written commitment for delivery of services to meet a student's educational needs. The school district must provide all of the services specified in the IEP, in the amount and degree specified. Changes in the amount of services listed in the IEP cannot be made without holding another IEP meeting. However, if there is no change in the overall amount of service, some adjustments in scheduling of services should be possible without the necessity of another IEP meeting.

The above description of the evaluation process, IEP development, and the specification of related services to be delivered to a student with a disability assumes that the student was found eligible for special education and related services. What happens when things don't go so smoothly? For example, the school district may determine, via its evaluation, that the student does not require special education and, thus, is ineligible under the IDEA for

related services. Or perhaps the parents are dissatisfied with the way that related services are being provided to their child or believe that their child needs related services that the school district does not provide or feels are unnecessary. What happens then?

Here are some points parents may want to bear in mind in such situations (Education Law Center, 1985; U.S. Department of Education, 1986):

1. The IDEA enumerates procedural safeguards that school districts must adhere to in the delivery of educational services (see Gerry, 1987). These safeguards establish due process procedures through which parents and children with disabilities can resolve differences with the school district (34 CFR §300.500 - §300.514, 1988). Among the procedures are: the right to an independent evaluation at public expense, the right to an impartial due process hearing, the right to an administrative appeal and impartial review of the evidence, and the right to take civil action.

2. Therefore, if the school district determines that a student with a disability does not require special education and denies that student related services, parents may request that the district pay for an independent evaluation. If the district should refuse this request, parents may ask for a hearing before an impartial hearing officer to resolve this difference.

3. The parents can also decide to pay for the independent evaluation privately. In this case, they should receive a written evaluation report specifying (a) the problem the child has; (b) precisely how that problem affects the child's ability to make progress toward the goals of his or her IEP; (c) recommendations on the type of service needed, the way it should be provided, how often and for how long, and the type of personnel who should deliver the services; and (d) a description of the goals of the related service program that is recommended. The school district must take the results of the private evaluation into account when making a decision about a student's eligibility for related services.

Photograph courtesy of The American Occupational Therapy Association, Inc.

4. Parents may also wish to negotiate with the school district to see if the student is eligible for related services under Section 504 criteria. If parents do not agree with the district's decision, again, they can ask that a hearing officer review the evidence. As a final step, parents can also file a complaint with the regional office of the Office of Civil Rights (OCR). An OCR hearing officer will also review the evidence and decide if the district is obligated to provide the related services.

5. When a student's need for related services is not linked to his or her ability to benefit from special education and is, therefore, not part of the IEP, parents have other options apart from the school system. For example, parents may seek services from rehabilitation organizations, private therapists, medical organizations, clinics, and other agencies.

This latter point may be important for parents to consider when trying to obtain related services for their child with a disability. Although parents *do* have due process rights which they can invoke when differences with the school district arise, they should be aware the problems can often be worked out informally. "Due process can be expensive, time-consuming, and frustrating" (Callanan, 1990, p. 286), so it is certainly worthwhile for parents to try first to resolve problems with the district in a less confrontational way. Many states have alternatives to the formal appeal process, including conciliatory conferences, administrative reviews, and mediation. Flexibility and reasonableness are key factors in working out differences, and compromise on the parts of both the parents and the school district may be necessary. There are many benefits to resolving differences through compromise and mediation. Not only is time saved and the cost of litigation avoided, but the relationship between parents and the school district will remain a working one, where communication is still open, people are still talking, and future decisions are not made impossible by past differences.

How Are Related Services Delivered?

The district decides how the services enumerated in the IEP will be delivered to the student. The district may provide these services through its own personnel resources, but if this is not possible, they may contract with another public or private agency, which then provides the services.

"There must be communication between the IEP team and the related service provider(s) to ensure that services are being delivered as specified and that the student is making progress."

There are two kinds of related services *interventions* offered by schools to meet the range of student needs. These can be defined as follows (Association for Retarded Citizens/Minnesota, 1989, pp. 3-4):

- *Direct Therapy* refers to hands-on interactions between the therapist and the student. These interactions can take place in a variety of settings. The therapist analyzes student responses and uses specific techniques to develop or improve particular skills. The therapist should also monitor the student's performance within the educational environment and consult with teachers and parents on an ongoing basis, so that some strategies can be carried out through indirect means at other times.
- *Indirect Therapy* refers to teaching, consulting with, and directly supervising other team members (including paraprofessionals and parents) so that they can carry out therapeutically-appropriate activities. Trained assistants, such as a certified Occupational Therapy Assistant, are sometimes employed to share in the delivery of related services. Three essentials of indirect intervention are: (a) the intervention procedure is designed by the therapist for an individual student; (b) the therapist has regular opportunities to interact with the student; and (c) the therapist provides ongoing training, follow-up, and support to staff members and parents.

One type of service intervention is not necessarily better than the other. The type of service provided depends upon the student's needs and educational goals, and the skills and availability of school staff. Ellen Siciliano, a Parent Involvement Coordinator for the Pennsylvania Department of Education, Bureau of Special Education, sees a trend toward indirect therapy interventions for some related services. She says:

> Some parents object to this, feeling that their children should have the direct attention of a therapist for all contact hours. My own opinion is that indirect or consultative forms of therapy are useful. When my daughter was in school, a therapist worked with me, so that I could work with my daughter, and this was beneficial. In rural schools, this kind of service may be very important in ensuring that children receive these services. (Siciliano, personal communication, September 20, 1990)

In small and rural districts, often there are not sufficient numbers of eligible students to justify employing a full-time therapist, or requirements across schools in a district may add up to the need for one related service provider. In such cases, the district may employ one specialist to move from school to school, or several districts may use a cooperative approach, pooling their resources to hire personnel who travel among districts to provide services. The term **itinerant services** is used to describe this type of service provision, but it refers to the *deployment* of personnel, not to a specific type of service intervention.

How Are Related Services Coordinated?

The IDEA requires that a multidisciplinary team perform an evaluation of a student to determine his or her eligibility for special education and related services. Likewise, a multidisciplinary team must be involved in any placement decisions. This team generally consists of a representative of the public agency who is qualified to provide or supervise the provision of special education and/or related services, the student's teacher, one or both of the student's parents, the student (where appropriate), individuals whose input is requested by either the parents or the public agency, and a member of the evaluation team who is knowledgeable about how the evaluation was conducted and its findings (Arena, 1989). The student's IEP is developed through the joint efforts of these individuals, and necessary related services are specified.

Obviously, the process of developing an IEP can be complicated, requiring many people to interact and coordinate their efforts. Many school districts appoint a school staff member (such as a teacher, psychologist, or counselor) to act as coordinator or case manager of the IEP process for an individual student or for all children with disabilities in a school. This is not required by law, but it helps the school district manage the complicated task of evaluating students and developing IEPs. The kinds of activities that a coordinator or case manager might do include:

- coordinating the multidisciplinary evaluation;
- collecting and synthesizing evaluation reports and other relevant information that might be needed to the IEP meeting;
- communicating with parents; and
- conducting the IEP meeting (U.S. Department of Education, 1986).

Beyond development, however, there is *implementation* of the IEP. Depending on the nature of the related

services to be provided, many other professionals may become involved on behalf of the student with a disability. This may include one or more therapists, a special educator, classroom teachers, counselors, the school principal, paraprofessionals, and others. These individuals work not only with the child, but also with the family and community resources. Furthermore, there must be communication between the IEP team and the related service provider(s) to ensure that services are being delivered as specified and that the student is making progress. If the student is not progressing as expected, adjustments in his or her program must be made. The IEP team would need to be involved in any such decisions, and the new plan would need to be communicated to the related services personnel.

Thus, it is highly desirable that related services be delivered in educational settings through a team approach. Related services are not to be isolated from the educational program. Rather, they are to be *related* to the educational needs of students (Association for Retarded Citizens/Minnesota, 1989). The interactions of professional staff, consultants, community, and family, brought together in the delivery of related services for a student, underscore the usefulness of a case management approach in which a team leader coordinates and orchestrates services on behalf of the student.

How Are Related Services Funded?

Under P.L. 94-142 and its amendments, including the recently passed IDEA, students with disabilities are entitled to a free appropriate public education. State education agencies are responsible for assuming the costs of that public education, and no costs of implementing the IEP for school-aged students can be passed on to parents or guardians. This includes the provision of related services. Students and their families are entitled to receive these services at no cost to themselves.

Funding of related services, of course, presents schools with an enormous fiscal obligation. While districts receive federal funds through the IDEA to assist them in providing special education programs and related services for students with disabilities, the costs can nonetheless become quite staggering. However, "nowhere in the law is there a provision that could be construed as relieving a school system of its responsibility to provide a free appropriate public education even if sufficient funds...are not available" ("Related Services: Funding and Personnel", 1988, p. 3). Even before the passage of the EHA, the landmark case of *Mills v. Board of Education of the District of Columbia* (1972) affirmed that school districts are responsible for meeting the educational needs of students with disabilities. The school board in *Mills* argued that it could not afford to offer an appropriate education to all its students with disabilities. The court responded that whatever inadequacies existed in the school system could not be allowed to impact more heavily on the exceptional child than on a child without disabilities.

Although courts appear to becoming more aware of the costs involved in providing related services, the tendency is to consider the appropriateness of different educational options and the costs of each, as in the *Clevenger v. Oak Ridge School Board* (1984) case. There, the 6th U.S. Circuit Court of Appeals said, "Cost considerations are only relevant when choosing between several options, all of which are for an "appropriate" education. When only one is appropriate, then there is no choice."

Clearly, a school district's responsibility to students with disabilities is extensive and expensive. What other funding sources are available, besides the IDEA, to pay the costs of special education and related services? Since the enactment of the original EHA (P.L. 94-142), several new sources of funding have emerged. The Medicare Catastrophic Coverage Act became Public Law 100-360 on July 1, 1988. Although this legislation primarily concerned Medicare and has been repealed, it also contained an amendment to the Social Security Act that affects Medicaid (which is a joint federal-state program providing health care services for low-income persons). The 1988 amendments authorize Medicaid reimbursements for Medicaid-covered related services in the IEPs of Medicare-eligible students with disabilities. The Omnibus Budget Reconciliation Act of 1989, which further amended the federal Medicaid statute, also provides that treatment needs recommended through Medicaid's Early and Periodic Screening Diagnosis and Treatment process (EPSDT) "must include any services that are available under Medicaid, regardless of whether the state has opted to include such service as part of its Medicaid state plan" ("Can Medicaid", 1990, p. 161). As a result, some school districts are now receiving funds through Medicaid for certain related services that are provided in the public schools. An example of this can be drawn from the case of Melissa, an eleven year old whose disabilities were so severe she required the services of a trained nurse twenty-four hours a day. She attended public school under district funding and, by all accounts, not only benefited greatly herself but also provided a very positive example to her classmates by her enthusiasm and her determination to learn and succeed. Melissa's parent sought a federal court ruling to require

"(Eligible) students and their families are entitled to receive (related) services at no cost to themselves."

"Another potential funding source that has come into use in the last decade is third-party billing."

the U.S. Department of Health and Human Services (HHS) to use Medicaid funds to pay for the nursing services needed by Melissa while she was in school. HHS denied responsibility on the basis that Medicaid regulations stipulate that private nursing care was not covered by Medicaid for locations outside of a hospital, a nursing facility, or a recipient's home. However, the appellate court found in favor of Melissa, saying that when Medicaid legislation was enacted two and a half decades ago, the assumption may have been widely accepted that a person needing a private duty nurse would be confined to the locations mentioned in the regulations. Fortunately, that assumption is no longer true in today's society. "Rather, private duty nursing is today understood as "setting independent," referring to a *level* of care rather than to specific locations where the care can be provided" ("Can Medicaid", 1990, p. 161). Thus, the cost of the private duty nurse needed by Melissa while attending school was billable to Medicaid (*Detsel v. Sullivan*, 1990).

Another potential funding source that has come into use in the last decade is third-party billing. Third-party billing means that parents of students with disabilities use their private health insurance to pay for the individual evaluations or related services that their child receives. The idea of third-party billing arose out of somewhat ambiguous regulations under both EHA and Section 504 that state that insurers are not relieved of their obligation to "provide or pay for services provided to a handicapped child" [34 CFR § 300.301(b), 1988]. Third-party billing has been seen as a promising way for school districts to pay for related services, but it has also become controversial. As early as 1980, the U.S. Department of Education released a policy interpretation stating that educational agencies could not compel parents of a child with a disability to file an insurance claim that would pose a realistic threat to the parents in terms of financial loss. Examples of financial loss include, but are not limited to: (1) decreases in available lifetime coverage or other insurance benefits; (2) increases in insurance premiums; (3) discontinuation of the insurance policy; or (4) out-of-pocket expenses such as deductibles. However, the Department of Education did state that districts may require parents to file an insurance claim when: (a) doing so would not result in cost to the parents; and (b) the district ensures that parents do not have to bear even a short-term financial loss, such as paying a deductible. In the latter case, the school district "may insist that the parents file a claim if it [the school district] pays for the services and the deductible in advance" (U.S. Department of Education, 1980, p. 86390).

Many of the same points were reiterated in a 1990 OSEP letter. This letter adds a point concerning the financial loss to parents that results when filing an insurance claim leads to increased insurance premiums. The OSEP letter states that:

> ...if a public agency offers to pay the increased premiums, the parent would incur no financial loss and, therefore, could be required by the public agency to file an insurance claim. A parent's refusal to file an insurance claim, even where doing so would result in no financial loss, does not relieve the obligations of the public agency to provide FAPE [free appropriate public education] to the parent's child who is handicapped. (Newby, 16 *EHLR* 549)

The Office of Civil Rights (OCR) has also become involved in the controversy over third-party billing. OCR investigations into how some school districts were using third-party billing to pay for diagnostic and evaluative services revealed that parents were not adequately informed as to (a) the potential consequences and costs of billing their insurance companies, or (b) their right to refuse taking such action. Both OCR and OSEP — and recently the Office of Special Education and Rehabilitation Services (OSERS) — have confirmed the original Department of Education's policy that "without parents' voluntary consent to bill their

Photograph courtesy of The American Occupational Therapy Association, Inc.

insurance, districts cannot obtain reimbursement through private insurance carriers" ("Third-party Benefits", 1990, p. 5). Moreover, parents should be aware that a district may not terminate services to a student with a disability if parents refuse to file an insurance claim.

The policy interpretation issued by the U.S. Department of Education in 1980 does allow parents to *voluntarily* use their insurance benefits to pay for related services for their child. The district, however, must be able to prove that parents truly are cooperating voluntarily, rather than because they fear their child will otherwise not receive needed services.

Even where parents allow third-party billing, the district may still not be able to get reimbursed by insurance companies for providing related services. Some insurance policies specifically exclude coverage of services that the insured can obtain free under federal, state, or local laws. In a 1990 court case (*Chester County Intermediate Unit v. Pennsylvania Blue Shield*), parents seeking reimbursement from their insurance company claimed that the EHA forbids insurers from excluding coverage for related services. The Court, however, found that the regulations of the EHA (now IDEA) do not bind private insurers (16 *Education of the Handicapped Law Report* [*EHLR*] 925). Thus, insurance companies are within their rights to exclude from coverage related services that should be provided free of cost to students with disabilities under the IDEA. Needless to say, this represents another obstacle to school districts seeking to pay for related services through third-party billing.

Are There Shortages of Personnel for Related Services?

The answer is: *Yes*. The shortage of related services personnel is a recurring theme in state data on special education programs and related services.

Photograph courtesy of The American Occupational Therapy Association, Inc.

For example, in a survey conducted by the University of Maryland (Smith-Davis, Burke, & Noel, 1984), 36 states reported major shortages of physical therapists. In 1986, the number of states reporting shortages in this area had risen to 47 (McLaughlin, Smith-Davis, & Burke, 1986). These results are not unusual. Personnel reported to be in the shortest supply are occupational therapists, physical therapists, psychologists, counselors, social workers, and speech/language pathologists (Office of Special Education Programs, Division of Innovation and Development, 1990). The results of these and several other recent studies (National Easter Seals Society, 1988; Nicholas, 1990; Smith, 1990) attest to the problems that school districts face in finding, hiring, and keeping personnel in these important related services areas.

Salaries, of course, are a factor in these shortages, inasmuch as hospitals and private agencies can often offer greater compensation than can schools. But other factors include the lack of trained applicants for school positions and competition with other agencies who provide related services to the elderly population, infants at risk, and accident trauma victims. Mr. Reynaud, Director of Special Education for the Park Hill School District and President of the Council for Exceptional Children's Council of Administrators of Special Education (CASE), describes how this very problem is affecting his district's ability to provide related services.

> Over the years, our district has had an arrangement with St. Luke's Hospital in Kansas City to obtain OT and PT services on contract from its community-based program. This summer, St. Luke's called to say that they could no longer contract with us, because they were experiencing difficulty finding OTs and PTs to meet just the demands of their hospital services, not to mention their community programs. When a big organization like St. Luke's says something like that, you listen. (Reynaud, personal communication, August 3, 1990)

Not only are vacancies difficult to fill in many districts, but the scarcity of personnel leads to heavier case loads for those who are employed. To improve assessment and treatment, increase student contact hours, and allow more services for students who need them most, additional personnel time is certainly needed (Office of Special Education Programs, Division of Innovation and Development, 1990). There is also

". . . Personnel shortages impact greatly on the school district's ability to provide related services to students with disabilities."

a pressing need to hire school-employed related service providers, rather than obtaining them through contractual arrangements with other agencies, as is often the case at present. However, many therapists are trained predominantly for clinical work and often prefer clinical rather than school settings. As demographics in the United States change, the shrinking representation of minorities in teaching and related services is also of concern.

All of these personnel shortages impact greatly on the school district's ability to provide related services to students with disabilities. "The worst impact," says Dr. Lowell Harris, Director, Division of Exceptional Children's Services for the North Carolina Department of Public Instruction, "is to know that children need services and the very disturbing knowledge that services can't be provided appropriately, even though there are funds to provide them." He adds, "The most poignant problem arises when a therapist leaves. Then the prolonged difficulty of finding a therapist begins; children have already been receiving services, but the services are taken away. That's where the hearings come in." (Harris, personal communication, August 3, 1990).

By "hearing," Dr. Lowell is referring to the legal right of parents to lodge a complaint against a school district when related services are not being provided to their child. A hearing is convened to review the evidence and determine if, indeed, the child is eligible to receive the disputed services and, if so, what has happened that they are not. It is clear from recent court cases and investigations by the Office of Civil Rights (OCR) that, regardless of staffing difficulties, school districts are responsible for providing the services students need. For example, a school district on Michigan's eastern Upper Peninsula found itself unable to hire and retain qualified physical therapists and speech pathologists, due in part to the district's isolated location. The district searched for candidates through posting vacancy notices in newspapers and in college placement offices, and tried unsuccessfully to establish a contractual agreement with a neighboring school district and a local sports medicine clinic to use their physical therapist services. A complaint was lodged against the district for failing to provide physical and speech therapy to a boy with cerebral palsy and other students with multiple disabilities. OCR investigated the complaint and held the district in violation of its requirements. OCR then ordered the school district "to take any measures available, such as contracting for services outside the immediate geographic area, to provide services to the children" ("Related Services: Funding and Personnel", 1988, p. 2).

In Conclusion: Addressing the Problems Together

Without a doubt, many school districts face very real problems in meeting their responsibility of providing the related services needed by school-aged children with disabilities. Chief among these problems are a shortage of personnel to provide related services and a shortage of monies to fund them. While school districts are required by federal law to provide related services, constructive action is needed on the parts of parents, practitioners, and school administrators in order to improve the situation. Here are some suggestions for action that can ease the budget and personnel crunch experienced by many school districts, without sacrificing the welfare of students who require related services in order to benefit from their education.

1. *Write a complete IEP.* Related services needed by a student should be listed in the IEP. Not listing related services in the IEP leads to inaccurate reporting of needed personnel in national and state data collection efforts, which distorts the true picture of the supply/demand problem. Therefore, *the documentation of related services and personnel needs begins with the IEP.* If that documentation is faulty, understanding of supply/demand becomes skewed. Plans that are made based upon this documentation are similarly skewed, and the problem of personnel shortages is perpetuated.

2. *Walk in each other's shoes.* The shortage of personnel and monies is real. There are simply not enough qualified related services personnel to fill all vacancies. At the same time, the news is filled with reports of school districts that cannot pay for the educational services they are required by law to provide. Parents, understandably, find it unacceptable that difficulties may exist in meeting their child's legitimate needs. The law, after all, guarantees their child's right to a free appropriate public education. Many parents

". . . Parents and school personnel need to develop a mutual recognition of the facts of their own district, appreciate the frustration that all parties have in this predicament, and work together rather than against each other to develop services for children."

may hold the view that the difficulties faced by school districts in terms of personnel and funding are the school district's concern, while the child's welfare is the parent's concern. Ultimately, however, the difficulties school districts face impact most upon those individuals who need the services — namely, eligible students with disabilities.

Addressing parents, Callanan (1990) cautions: "It's important to know and safeguard your legal rights. It can be a mistake, however, to misuse them or to view your relationship with professional educators as one-way, in which they give and you take... Positive participation on your part will further your child's education much more effectively than a series of avoidable confrontations" (p. 249). Thus, parents and school personnel need to develop a mutual recognition of the facts of their own district, appreciate the frustration that all parties have in this predicament, and work together rather than against each other to develop services for children. Both parties are interested in the welfare of the student with a disability, and so both parties need to concern themselves with the issues of funding and personnel shortages.

3. *Improve coordination of services and responsibility-sharing.* No single agency alone can handle the increasingly complex needs of children. There is a major and growing need for coordination of services, for resource and program sharing, and for new patterns of interagency collaboration and cooperative services involving schools, mental health, human services, welfare, health agencies, juvenile justice, homeless centers, and other services. Often, coordination and cooperation can be achieved more effectively at the grass-roots level, with the assistance and involvement of concerned citizens, parents, and professionals, rather than through state and federal mandates.

4. *Become a creative networker.* There are many ways of finding services and establishing opportunities that go beyond what the school district offers to your child or youth with a disability. Be creative in building a team that utilizes the many resources available within your school and community. These resources can offer valuable learning experiences for your child. Become a networker. Talk to people such as reading specialists in the school, the chairperson of volunteer activities in the school or community, club leaders, librarians, and individuals involved in school or community sports programs. Explore what opportunities can be created for your child in recreational or after-school activities. Many parents have succeeded in networking with people within and outside of special education who are willing to involve children and youth with disabilities in activities offered by their club, organization, or place of employment. Becoming involved in school and community activities can give individuals with disabilities the opportunity to grow and learn academically, vocationally, and socially.

5. *Take constructive action.* Local parents, practitioners, and principals can activate entire communities in plans to staff the schools with excellent people. Among the strategies that can be carried out, both in rural and urban areas, are:

- encouragement of local students to enter careers in special education and related services;
- roles for high school students as tutors and aides;
- negotiations with higher education institutions anywhere in the country to place student teachers and interns in the district;
- development of community-wide and school-based incentives and a welcoming atmosphere to attract new personnel;
- planning with local businesses to offer jobs to spouses of teachers who might relocate;
- acquiring and/or raising scholarship funds for promising young people who will return to the community after completing professional training;
- arrangements with higher education to deliver locally-based training to increase the population of aides and assistants in the schools, and to provide career ladders whereby these personnel can acquire professional credentials;
- human-centered interagency cooperation that can extend and enrich services to all children;
- planned agendas of school improvement and community pride activities that will make your town a better place to live and work.

Photograph courtesy of The American Occupational Therapy Association, Inc.

REFERENCES

Applestein, S. (1987). Speech pathology. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 121-130). Boston: College-Hill Press. (This book has gone out of print and may be available only through your public library.)

Arena, J. (1989). *How to write an IEP* (rev. ed.). Novato, CA: Academic Therapy Publications. (Available from Academic Therapy Publications, 20 Commercial Boulevard, Novato, CA 94949.)

Assistive technology. (1989). *NICHCY News Digest, Number 13, 1-20.* (Available from NICHCY, P.O. Box 1492, Washington, DC 20013.)

Association for Retarded Citizens/Minnesota. (1989). *A parents guide to obtaining occupational and physical therapy services in the public schools.* Minneapolis, MN: Author. (Available from ARC Minnesota, 3225 Lyndale Avenue South, Minneapolis, MN 55408. Telephone: (612) 827-5641.)

Bevin H. v. Wright, 666 F. Supp. 71 (W.D. PA 1987). (See *1987-88 Education of the Handicapped Law Report* [*EHLR*] 559:122.) (*EHLR* citations are available from LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980. Telephone: (215) 784-0860.)

Black, G., & Dorsett, T.V. (1987). School health services. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 69-77). Boston: College-Hill Press.

Blumberg, T. (1987). Parent counseling and training. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 69-77). Boston: College-Hill Press.

Callanan, C.R. (1990). *Since Owen: A parent-to-parent guide for care of the disabled child.* Baltimore, MD: The Johns Hopkins University Press. (Available from the Johns Hopkins University Press, 701 West 40th Street, Baltimore, MD 21211.)

Can Medicaid-reimbursed nursing services be provided in school? (1990, April 16). *The Special Educator*, V(14), 159-161. (Available from LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980. Telephone: (215) 784-0860.)

Cernosia, A. (1991). *Section 504 and IDEA: A comparison.* Burlington, VT: Northeast Regional Resource Center. (Available from Northeast Regional Resource Center, c/o Trinity College, Colchester Avenue, Burlington, VT 05401.)

Chester County Intermediate Unit v. Pennsylvania Blue Shield, 896 F.2d 808 (3rd Cir. 1990). (See 16 *Education of the Handicapped Law Report* [*EHLR*] 925.) (*EHLR* citations are available from LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980. Telephone: (215) 784-0860.)

Clevenger v. Oak Ridge School Board, 744 F.2d 514 (6th Cir. 1984). (See *1984-84 Education of the Handicapped Law Report* [*EHLR*] *Dec.* 556:213.)

Code of Federal Regulations (CFR): Title 34; Education; Parts 1-299, July, 1988. (Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.)

Code of Federal Regulations (CFR): Title 34; Education; Parts 300-399, July, 1988. (Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.)

Code of Federal Regulations (CFR): Title 7; Parts 15-220, 1991.

Daniels, L.S. (1988, October 24). *Memorandum to OCR senior staff: Guidance concerning distinctions between Section 504 and the Education of the Handicapped Act.* Washington, DC: U.S. Department of Education. (Available from U.S. Department of Education, Office of Civil Rights, 400 Maryland Avenue S.W., Washington, DC 20202.)

Detsel v. Sullivan, 895 F.2d 58 (2d Cir. 1990). (See 16 *Education of the Handicapped Law Report* [*EHLR*] 427.)

Districts must provide assistive technology devices. (1990, November 19). *The Special Educator*, VI(6), 73, 76-77. (Available from LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980. Telephone: (215) 784-0860.)

Dole, R. (1991, May 21). Floor statement of Senator Bob Dole: Children with disabilities and the School Lunch Program. (Available from the Office of Senator Bob Dole, 141 Hart Senate Office Building, Washington, DC 20510. Contact person: Stacy Hoffhaus, (202) 224-6521.)

Education of All Handicapped Children Act, 20 U.S.C. Sections 1400-1485.

Education Law Center, Inc. (1985, August 20). *The right to education in Pennsylvania.* Philadelphia: Author. (Available from Education Law Center, Inc., 1708 Law and Finance Building, 429 Fourth Avenue, Pittsburgh, PA 15219.)

Espino v. Besteiro, 520 F. Supp. 905 (S.D. Tex. 1981). (See 1981-82 Decisions, 3 *Education of the Handicapped Law Report* [*EHLR*] 553:124.)

Esterson, M.M. (1987). Recreation. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 97-101). Boston: College-Hill Press.

Esterson, M.M., & Bluth, L.F. (Eds.). (1987). *Related services for handicapped children.* Boston: College-Hill Press. (This book has gone out of print and may only be available through your public library.)

Esterson, S. (1987). Physical therapy. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 79-87). Boston: College-Hill Press.

Friedrich, B. (1987). Audiology. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 17-25). Boston: College-Hill Press.

Georgia challenges OCR's jurisdiction. (1990, June 25). *The Special Educator*, V(18), 207-209.

Gerry, M. (1987). Procedural safeguards insuring that handicapped children receive a free, appropriate, public education. *NICHCY News Digest*, No. 7, 1-8. (Available from NICHCY, P.O. Box 1492, Washington, DC 20013.)

Goodman, 16 *Education of the Handicapped Law Report* (*EHLR*) 1317 (OSEP, 1990).

Horsley, J.W. (1988, July). Nutrition services for children with special needs within the public school system. *Topics in Clinical Nutrition*, 3(3), 55-60.

Horsley, J.W., Allen, E.R., & White, P.A. (n.d.). *Nutrition management of handicapped and chronically ill school age children: A resource manual for school personnel, families and health professionals.* VA: Virginia Department of Health and Virginia Department of Education. (Available from Department of Education, Division of Pupil Personnel Services, P.O. Box 6Q, Richmond, VA 23216-2060. Telephone: (804) 225-2072.)

Individuals with Disabilities Education Act, 20 U.S.C. Chapter 33, Section 1401.

Joint Task Force for the Management of Children with Special Health Needs. (1990, May 1). *Guidelines for the delineation of roles and responsibilities for the safe delivery of specialized health care in the educational setting.* Reston, VA: The Council for Exceptional Children. (Available from the Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091-1589.)

McKee, P.W., & Barbe, R.H. (1990, May 28). Medical related services - what are districts required to provide? *The Special Educator*, V(17), 198-200.

McLaughlin, M., Smith-Davis, J., & Burke, P.J. (1986). *Personnel to educate the handicapped in America: A status report.* College Park, MD: University of Maryland, Institute for the Study of Exceptional Children and Youth.

Mills v. Board of Education of the District of Columbia, 348 F. Supp. 866 (D.D.C. 1972).

National Association for Music Therapy. (1988). *Music therapy as a career.* Washington, DC: Author. (This pamphlet is available from the National Association for Music Therapy, 505 Eleventh Street S.E., Washington, DC 20003.)

National Easter Seals Society. (1988). *Crisis ahead: Recruitment and retention of rehabilitation professionals in the nineties and beyond.* Chicago, IL: Author. (Available from National Easter Seals Society, 2023 West Ogden Avenue, Chicago, IL 60612.)

Newby, 16 *Education of the Handicapped Law Report* (*EHLR*) 549.

Nicholas, G. (1990). *ASCUS research report: Teacher supply and demand in the United States 1990.* Evanston, IL: Association for School, College, and University Staffing.

Office of Special Education Programs, Division of Innovation and Development. (1990). *Twelfth annual report to Congress on the implementation of the Education of the Handicapped Act.* Washington, DC: U.S. Department of Education.

Rehabilitation Act of 1973, 29 U.S.C. Sections 701-794.

Related services: Daily nursing care. (1987, November 17). *The Special Educator*, III(10), 1-3.

Related services: Funding and personnel. (1988, November 2). *The Special Educator*, IV(9), 1-3.

Salyers, D. (1983, July). The use of dance for developmentally delayed children. *Down Syndrome Report*, 5(2), 1,8.

Smith, F. (1990, May). Personnel shortages studied. *NASP Communique*, 5.

Smith-Davis, J., Burke, P.J., & Noel, M. (1984). *Personnel to educate the handicapped in America: Supply and demand from a programmatic viewpoint.* College Park, MD: University of Maryland, Institute for the Study of Exceptional Children and Youth.

Tabb, S.M. (1987). Social work services in schools. In M.M. Esterson & L.F. Bluth (Eds.), *Related services for handicapped children* (pp. 113-120). Boston: College-Hill Press.

Third-party benefits are often not available to districts. (1990, September 11). *The Special Educator*, VI(1), 4-5,15.

U.S. Congress, *Public Law 100-407, Technology-Related Assistance for Individuals with Disabilities Act of 1988.*

U.S. Department of Education. (1980, December 30). Notification of Interpretation. *Federal Register*, 45(251), 86390-1.

U.S. Department of Education. (1986, July 11). *Education Department general administrative regulations, 34 CFR, Ch. III, Pt. 300.* Washington, DC: U.S. Government Printing Office.

FYI: Information Resources from NICHCY'S Database

The following information was selected from numerous resources abstracted in ***NICHCY's*** database. If you know of a group which provides information about related services to families, professionals, or the general public or which develops materials and programs in this area, please send this information to ***NICHCY*** for our resource collection and database. We will appreciate this information and will share it with others who request it.

You can obtain many of the documents listed below through your local library. Whenever possible, we have included the publisher's address or some other source in case the publication is not available in your area. The organizations listed are only a few of the many that provide various services and information about related services to families and professionals.

Additional publications and information are also available from state and local parent groups and state and local affiliates of many major disability organizations. Please note that these addresses are subject to change without prior notice. If you experience difficulty in locating these documents or organizations, or if you would like additional assistance, please contact ***NICHCY***. Finally, you may find ***NICHCY's*** *State Resource Sheet* for your state or territory helpful in contacting other resources of information.

You may obtain copies of the laws discussed by writing to your Congressional Representative. Federal regulations are available by writing to Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, or by calling (202) 275-3030. There is usually a charge for documents. It is important that you include the title of the regulations you are seeking.

BIBLIOGRAPHY

General Interest

Baer, M. (1990). *Nutrition care guidelines, Region IX*. Los Angeles, CA: UAP Center for Child Development and Developmental Disorders. (Available from UAP Center for Child Development and Developmental Disorders, Children's Hospital-Los Angeles, Los Angeles, CA 90054. Telephone: (213) 660-2450.)

Boxill, E.H. (1985). *Music therapy for the developmentally delayed*. Rockville, MD: Aspen. (Available from Aspen, 200 Orchard Ridge Drive, Gaithersburg, MD 20878. Telephone: (301) 417-7500.)

Center for Consumer Healthcare Information. (1991). *1991 Case management resource guide*. Irvine, CA: Author. (Available from Center for Consumer Healthcare Information, P.O. Box 16067, Irvine, CA 92713. Telephone: (714) 752-2335.)

Center for Recreation and Disability Studies. (n.d.). *The parent training guide to recreation*. Chapel Hill, NC: Author. (Available from the Center for Recreation and Disability Studies, Curriculum in Leisure Studies and Recreational Administration, 730 Airport Road, Suite 204, University of North Carolina at Chapel Hill, CB# 8145, Chapel Hill, NC 27599-8145.)

Children's Defense Fund. (1989). *94-142 and 504: Numbers that add up to educational rights for children with disabilities*. Washington, DC: Author. (Available from Children's Defense Fund, 122 C Street N.W., Washington, DC 20001. Telephone: (202) 628-8787.)

Clarke, P.N., & Allen, A.S. (1985). *Occupational therapy for children*. St. Louis: C.V. Mosby Company. (Available from C.V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, Missouri 63146.)

Colorado State Pupil Transportation Association Special Education Committee (CSPTA-SPED). (compiler). (1991). *Transporting the special needs student*. Lakewood, CO: Author. (Available from Janine Moreland, CSPTA-SPED Committee Chair, Jefferson County Schools, 809 Quail Street, Building 2, Lakewood, CO 80215. Telephone: (303) 674-5516.)

Enders, A., & Hall, M. (Eds.). (1990). *Assistive technology sourcebook*. Washington, DC: Resna Press. (Available from Resna Press, Suite 700, 1101 Connecticut Avenue N.W., Washington, DC 20036. Telephone: (202) 857-1199.)

Fraser, B.A., Hensinger, R.N., & Phelps, J.A. (1987). *Physical management of multiple handicaps: A professional's guide.* Baltimore: Paul H. Brookes. (Available from Paul H. Brookes Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

Giangreco, M.F. (1986). Delivery of therapeutic services in special education programs for learners with severe handicaps. *Physical and Occupational Therapy in Pediatrics, 6*(2), 5-15.

Giangreco, M.F. (1986). Effects of integrated therapy: A pilot study. *Journal of the Association for Persons with Severe Handicaps,* 11(3), 205-208. (Available from TASH, 7010 Roosevelt Way N.E., Seattle, WA 98115.)

Giangreco, M.F., Edeleman, S., & Dennis, R. (1991). Common professional practices that interfere with the integrated delivery of related services. *Remedial and Special Education,* 12 (2), 16-24.

Giangreco, M.F., York, J., & Rainforth, B. (1989). Providing related services to learners with severe handicaps in educational settings: Pursuing the least restrictive option. *Pediatric Physical Therapy,* 1(2), 55-63.

Gillett, E.S. (compiler). (1990, March). *Nutrition education resources for mentally handicapped/developmentally disabled students.* Columbus, OH: Ohio State University. (Available from the Nisonger Center Publications Department, Ohio State University, 1581 Dodd Drive, Columbus, OH 43210. Telephone: (614) 292-0825.)

Graff, J.C., Ault, M. M., Guess, D., Taylor, M., & Thompson, B. (1990). *Health care for students with disabilities: An illustrated medical guide for the classroom.* Baltimore, MD: Paul H. Brookes.

Grosse, S. (Ed.). (1989). *The best of practical pointers.* Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance. (Available from AAHPERD, 1900 Association Drive, Reston, VA 22091. Telephone: 1-800-321-9789.)

How to obtain funding for augmentative communication devices. (1989). Wooster, OH: Prentke Romich Company. (Available from Prentke Romich Company, 1022 Heyl Road, Wooster, OH 44691. Telephone: 1-800-262-1984.)

Kelley, J.D., & Frieden, L. (Eds.). (1989). *Go for it! A book on sport and recreation for persons with disabilities.* Orlando: Harcourt Brace Jovanovich. (Available from Harcourt Brace Jovanovich, Orlando, FL 32887.)

Kreb, R.A. (1991). *Third party payment for funding special education and related services.* Horsham, PA: LRP Publications. (Available from LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980.)

Levine, S.P., Sharow, N., Gaudette, C., & Spector, S. (1983). *Recreation experiences for the severely impaired or non-ambulatory child.* Springfield, IL: Charles C. Thomas. (Available from Charles C. Thomas, 2600 South First Street, Springfield, IL 62717.)

Liebmann, M. (1986). *Art therapy for groups.* Cambridge, MA: Brookline. (Available from Brookline Books, P.O. Box 1046, Cambridge, MA 02238.)

Ludins-Katz, F., & Katz, E. (1990). *Art and disabilities: Establishing the Creative Art Center for people with disabilities.* Cambridge, MA: Brookline Books. (Available from the Institute of Art and Disabilities, 233 S. 41st Street, Richmond, CA 94804.)

McConkey, R. (1985). *Working with parents: A practical guide for teachers and therapists.* Cambridge, MA: Brookline. (Available from Brookline Books, P.O. Box 1046, Cambridge, MA 02238.)

McElheron, M. (1991). *I am special: Building life skills through music.* Redding, MA: Addison-Wesley. (Available from Addison-Wesley Publishing Co., Order Department, One Jacob Way, Redding, MA 01867. Telephone: 1-800-447-2226.)

Orelove, F., & Sobsey, R. (1991). *Educating children with multiple disabilities: A transdisciplinary approach* (2nd ed.). Baltimore: Paul H. Brookes. (Available from Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

Rainforth, B., & York, J. (1987). Integrating related services in community instruction. *Journal of the Association for Persons with Severe Handicaps,* 12(3), 190-198. (Available from TASH, 7010 Roosevelt Way N.E., Seattle, WA 98115.)

Review of most important court cases in 1990: No precedent shattering decisions rendered. (1991, June). *Liaison Bulletin,* 17(5), 1-8. (Available from National Association of State Directors of Special Education, Inc., 1800 Diagonal Road, Suite 320, Alexandria, VA 22314.)

Roberts, T. M. (1988). *Encouraging expression: The arts in the primary curriculum.* Baltimore, MD: Paul H. Brookes.

Rodriguez, S. (1984). *The special artist's handbook: Art activities and adaptive aids for handicapped students.* Palo Alto, CA: Dale Seymour. (Available from Dale Seymour Publications, P.O. Box 10888, Palo Alto, CA 94303.)

Rubin, M. (1990). *Pathfinder: Nutrition and the handicapped.* Beltsville, MD: National Agricultural Library, U.S. Department of Agriculture. (Available from the Food and Nutrition Information Center, National Agricultural Library, 10301 Baltimore Boulevard, Beltsville, MD 20705.)

Schmidt, L. (1985). *Nutrition for children with special needs.* St. Paul, MN: United Cerebral Palsy of Minnesota, Inc. (Available from UCP of Minnesota, 1821 University Avenue, Suite 233 South, St. Paul, MN 55104.)

School bus safety: Tie-downs and restraints. (1989, September). *Exceptional Parent*, 19(6), 60-63.

Special help: Physical and occupational therapy [special issue]. (1988, November/December). *Special Parent/Special Child*, 4(6).

Stephens, L.L., Beekman, L.E., Munk, L.R., & Stefans, V.A. (1989, April). *Study of transportation of medically fragile children.* Lansing, MI: Special Transportation, Inc. (Available from Special Transportation, Inc., 1250 Roth Drive, Lansing, MI 48911. Telephone: 517-694-3957.)

Striefel, S., & Cole, P. (1987). *Providing psychological and related services to children and adolescents: A comprehensive guide book.* Baltimore, MD: Paul H. Brookes. (Available from Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

Tracy, P.B. (1983). *Supportive staff and related personnel evaluation.* Bloomington, IN: Council of Administrators of Special Education (CASE) Research Committee. (Available from CASE Research Committee, School of Education, Room 241, Indiana University, Bloomington, IN 47405. Telephone: (812) 855-5362.)

Very Special Arts. (n.d.). *The role of the arts in the education of individuals with special needs: An annotated bibliography, 1976-1986.* Washington, DC: Author. [Available from Very Special Arts, Education Office, John F. Kennedy Center for the Performing Arts, Washington, DC 20566. Telephone: (202) 662-8899 (voice) and (202) 662-8898 (TDD).]

Warger, C.L., & Cuskaden, E.C. (1990). *The arts work: Employment training through the arts.* Washington, DC: Very Special Arts. (Available from Very Special Arts, Education Office, the John F. Kennedy Center for the Performing Arts, Washington, DC 20566.)

Warren, B. (Ed.). (1984). *Using the creative arts in therapy.* Cambridge, MA: Brookline Books. (Available from Brookline Books, P.O. Box 1046, Cambridge, MA 02238.)

Willoughby, D.M., & Duffy, S.L.M. (1989). *Handbook for itinerant and resource teachers of blind and visually impaired students.* Baltimore, MD: National Federation of the Blind. (Available from the National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230.)

York, J., Giangreco, M.F., Vandercook, T., & Macdonald, C. (1992). Integrating support personnel in the inclusive classroom. In S. Stainback & W. Stainback (Eds.), *Curriculum considerations in inclusive classrooms: Facilitating learning for all students* (pp. 101-116). Baltimore: Paul H. Brookes. (Available from Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

York, J., Rainforth, B., & Giangreco, M.F. (1990). Transdisciplinary teamwork and integrated therapy: Clarifying the misconceptions. *Pediatric Physical Therapy*, 2(2), 73-79.

Magazines

Family support bulletin. Published quarterly by United Cerebral Palsy Associations, Inc., 1522 K Street N.W., Suite 1112, Washington, DC 20005. Telephone: 1-800-USA-5UCP, or (202) 842-1266.

Rehabilitation Technology Review. Available from the Association for the Advancement of Rehabilitation Technology (RESNA), 1101 Connecticut Avenue N.W., Suite 700, Washington, DC 20036. Telephone: (202) 857-1199.

The Special Educator. Published by LRP Publications, 747 Dresher Road, P.O. Box 980, Horsham, PA 19044-0980. (Annual subscription: $185.00.)

Transporting handicapped students. Published every two weeks by Federal News Services, Inc. P.O. Box 13460, Silver Spring, MD 20911-3460. Telephone: (301) 608-9322. (Annual subscription: $137.00.)

In addition, many of the organizations listed below publish journals or newsletters. Information about these publications is available by contacting the organizations directly.

ORGANIZATIONS

CLEARINGHOUSES AND INFORMATION CENTERS

Clearinghouse on Disability Information - Office of Special Education and Rehabilitative Services (OSERS), Room 3132, Switzer Building, 330 C Street S.W., Washington, DC 20202-2524. Telephone: (202) 732-1723.

ERIC Clearinghouse on Counseling and Personnel Services - 2108 School of Education, University of Michigan, Ann Arbor, MI 48109. Telephone: (313) 764-9492.

ERIC Clearinghouse on Handicapped and Gifted Children - The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091. Telephone: (703) 620-3660.

National Clearinghouse for Professions in Special Education - Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091. Telephone: (703) 264-9474.

National Information Center on Deafness - Gallaudet University, 800 Florida Avenue, N.E., Washington, DC 20002-3695. Telephone: (202) 651-5051 (Voice); (202) 651-5052 (TDD).

National Resource Center for Paraprofessionals in Education and Related Human Services - 33 West 42nd Street, Room 620N, New York, NY 10036. Telephone: (212) 642-2948.

OTHER NATIONAL INFORMATION RESOURCES

ABLENET, Cerebral Palsy Center - Griggs-Midway Building, 1821 University Avenue, St. Paul, MN 55104. Telephone: (612) 331-5958.

American Alliance for Health, Physical Education, Recreation and Dance - 1900 Association Drive, Reston, VA 22091. Telephone: (703) 476-3400.

American Art Therapy Association, Inc. - 1202 Allanson Road, Mundelein, IL 60060. Telephone: (708) 949-6064.

American Association for Counseling and Development - 5999 Stevenson Avenue, Alexandria, VA 22304. Telephone: (703) 823-9800.

American Association for Music Therapy - P.O. Box 80012, Valley Forge, PA 19484. Telephone: (215) 265-4006.

American Dance Therapy Association (ADTA) - Suite 108, 2000 Century Plaza, Columbia, MD 21044. Telephone: (301) 997-4040.

American Dietetic Association - Division of Practice, 216 West Jackson Boulevard, Suite 800, Chicago, IL 60606-6995. Telephone: (312) 899-4814.

American Foundation for Technology Assistance, Inc. - Route 14, Box 230, Morgantown, NC 28655. Telephone: (704) 438-9697.

American Occupational Therapy Association, Inc. - 1383 Piccard Drive, P.O. Box 1725, Rockville, MD 20850-4375. Telephone: (301) 948-9626.

American Physical Therapy Association - 1111 North Fairfax Street, Alexandria, VA 22314. Telephone: (703) 684-2782.

American Psychological Association - 1200 17th Street N.W., Washington, DC 20036. Telephone: (202) 955-7600.

American School Counselor Association - 5999 Stevenson Avenue, Alexandria, Va 22304. Telephone: (703) 823-9800.

American Speech-Language-Hearing Association - 10801 Rockville Pike, Rockville, MD 20852. Telephone: (301) 897-5700 (voice/TTY).

Council of Administrators of Special Education (CASE) - 615 16th Street N.W., Albuquerque, NM 87104. Telephone: (505) 243-7622.

Helen Keller National Center, - Technical Assistance Center (TAC) - 111 Middle Neck Road, Sands Point, NY 11050-1299. Telephone: (516) 944-8900.

National Association for Music Therapy, Inc. - 8455 Colesville Road, Suite 930, Silver Spring, MD 20910. Telephone: (301) 589-3300.

National Association of School Nurses - Lamplighter Lane, P.O. Box 1300, Scarborough, Maine 04070-1300. Telephone: (207) 883-2117.

National Association of School Psychologists - 8455 Colesville Road, Silver Spring, MD 20910. Telephone: (301) 608-0500.

National Association of Social Workers, Inc. - 7981 Eastern Avenue, Silver Spring, MD 20910. Telephone: (301) 565-0333.

National Institute of Art and Disabilities (NIAD) - 551 23rd Street, Richmond, CA 94804. Telephone: (415) 620-0290.

National Therapeutic Recreation Society - 3101 Park Center Drive, Alexandria, VA 22302. Telephone: (703) 820-4940.

RESNA (The Association for the Advancement of Rehabilitation Technology) - RESNA Technical Assistance Project, Suite 700, 1101 Connecticut Avenue N.W., Washington, DC 20036. Telephone: (202) 857-1199.

Trace Research and Development Center on Communication, Control and Computer Access for Handicapped Individuals - S-151 Waisman Center, 1500 Highland Avenue, Madison, WI 53705. Telephone: (608) 262-6966 (Voice); (608) 263-5408 (TDD).

Very Special Arts - Education Office, the John F. Kennedy Center for the Performing Arts, Washington, DC 20566. Telephone: (202) 662-8899.

NEWS DIGEST is published three times a year. Individual subscriptions in the United States are free. In addition, *NICHCY* disseminates other materials and can respond to individual requests. Single copies of *NICHCY* materials and information services are provided free of charge. For further information and assistance, or to receive a *NICHCY Publications List*, contact *NICHCY*, P.O. Box 1492, Washington, DC 20013, or call 1-800-999-5599 (Toll-free, except in the DC Area); (703) 893-6061 (In the DC Area); (703) 893-8614 (TDD).

NICHCY thanks our Project Officer, Dr. Sara Conlon, at the Office of Special Education Programs, U.S. Department of Education, for her time in reading and reviewing this document. We would also like to thank Alice Wender, Technical Assistance Branch, the Office of Civil Rights, for providing her expertise in reviewing this manuscript. The assistance of Mary von Euler at the Office of Civil Rights was also timely and valuable. We also thank the many professional organizations that shared information and guidance about the services they provide to school-aged children with disabilities. Finally, we thank the American Occupational Therapy Association, Inc. for permission to reprint the photographs used in this issue.

PROJECT STAFF

Project Director ..... Carol H. Valdivieso, Ph.D.
Deputy Director ..... Suzanne Ripley
Information Resources Manager ..... Richard Horne
Editor ..... Lisa Küpper
Principle Authors ..... Judy Smith-Davis, Fairfax Station, Virginia
William R. Littlejohn, Indiana State University
Contributing Author ..... Lisa Küpper
Graphics Design/Layout ..... Joseph Buechling

This document was developed by Interstate Research Associates, Inc., pursuant to Cooperative Agreement #H030A00002 with the Office of Special Education Programs of the United States Department of Education. The contents of this document do not necessarily reflect the views or policies of the Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

This information is in the public domain unless otherwise indicated. Readers are encouraged to copy and share it, but please credit the National Information Center for Children and Youth with Disabilities. Your comments and suggestions for *NEWS DIGEST* are welcomed. Please share your ideas and feedback by writing the Editor.

IMPORTANT: If this newsletter is no longer being read at this address or if more than one copy is being delivered, please write us or call 1-800-999-5599. Give label number, name, and address to cancel unwanted copies. Please do not return unwanted newsletters-share them with others.

Interstate Research Associates

NICHCY

P.O. Box 1492
Washington, DC 20013-1492

Nonprofit Org.
U.S. Postage
PAID
McLean, VA
Permit No. 718

Address Correction Requested

23486
CEC
1920 ASSOCIATION DR.
RESTON, VA 22091